

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **9320**

FILED **APR 5 1954**

BIRTH NO. _____		REG. DIST. NO. <b>184</b>		PRIMARY REG. DIST. NO. <b>3038</b>		Registrar's No. <b>374</b>	
1. PLACE OF DEATH a. COUNTY <b>Linn</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Linn</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Brookfield</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Brookfield</b>		<b>0583</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bramer Rest Home</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MARTHA</b>		b. (Middle) <b>FLORENCE</b>		c. (Last) <b>WILSON</b>	
4. DATE OF DEATH		a. (Month) <b>Mar</b>		b. (Day) <b>26</b>		c. (Year) <b>1954</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>July 12 1880</b>	9. AGE (in years last birthday) <b>73</b>	10. MONTHS <b>8</b>	11. DAYS <b>14</b>	12. UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Linn Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>D.R.</b>		13b. MOTHER'S MAIDEN NAME <b>D.R.</b>		13c. NAME OF HUSBAND OR WIFE <b>Walter Wilson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Leon Howell</b> ADDRESS <b>Brookfield Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>14 days</b> <b>10 years</b> <b>10 years</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1949</b> to <b>3/26</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>3/26</b> , 19 <b>54</b> , and that death occurred at <b>11:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W.S. Simpson, M.D.</b>				23b. ADDRESS <b>Brookfield Mo</b>		23c. DATE SIGNED <b>3/27/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/28/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Brookfield Mo</b>	
DATE REC'D BY LOCAL REG. <b>3-30-54</b>		REGISTRAR'S SIGNATURE <b>Nadine Stambach</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Blacklock</b> ADDRESS <b>Brookfield Mo</b>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. R. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address

*Brookfield Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.